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ABSTRACT

This paper describes the Elder Program, a 3 year Model Demonstration Program designed to strengthen neighborhood support systems for older persons through an educational program emphasizing information, resources, and skill development. A discussion of basic assumptions and the theoretical background of the model focuses on the principles of primary prevention, informal support system intervention, community organization, outreach, and older adult education. The process of selection of a neighborhood for participation is explained, recruitment procedures are described, and criteria for selection of both recruiters and participants are given. The 11 groups of 206 participants from 6 neighborhoods who were involved in the program implementation are described and the content of the 8 weekly educational meetings is discussed. Evaluation instruments are listed, evaluation procedures are explained, and preliminary findings are cited. The continuation of groups after the eight program sessions is discussed and participant activities are detailed. A participant's workbook that emphasizes skill development and daily living information is described with the notation that this workbook and a leaders guide are available for replication of the model. (NRB)

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The Elder Program:

An Educational Model for

Network Building Among the Elderly

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Assumptions and Needs

Collins and Pancoast (1976, p. 12) state that, ". . . finding economical and effective means of reaching a large public at the preventive level" is essential. They go on to explore and develop the potential of professional intervention in natural helping networks. For the elderly in our society, this approach is a viable and necessary one.

The older population has been and will continue to grow at a very rapid rate. With this growth, the need for services has increased rapidly, leading to a tremendous multiplication in the system of formal services provided to older persons. However, because of the currently grim economic picture in which spending is being redistributed away from social and human services, many programs and services which have been valuable resources to older persons may no longer be accessible.

The Elder Program, which is described in this paper, is seen as a possible alternative to the increasing demand upon formal services. Litwak (1968) has suggested the need for shared functions between formal organizations and primary groups according to the nature of the task and the competence of the structure. Commonly programs dealing with income maintenance, employment, physical health, formal education and housing have been the responsibility of the formal support system. The informal support system, however, is most important in the areas of social support (social interaction, socialization), independence maintenance

(carrying out the tasks of daily living), and assistance during times of illness or crisis (Gurian and Cantor, 1978). The roll of formal organizations is secondary to that of the more personal, idiosyncratic social support tasks of the informal support system.

The Elder Program was developed from two basic assumptions: 1) There are older people living in neighborhood situations who do not have a responsive informal support system, and are, therefore, at risk; and 2) there are older people in neighborhood areas who have skills and resources developed throughout their lives for meeting the idiosyncratic needs of their peers and for diminishing their risk of isolation and institutionalization.

In considering the needs of older persons and the development of responsive formal and informal support systems, a holistic approach is taken which requires thinking of individuals as unique and total beings functioning within a total environmental system. The daily problems or crises in the lives of older persons are not seen as resulting from failures of the individuals themselves, but are a part of the normal life experience and concommitant need for support.

The strengthening and enhancement of informal support systems, as a part of the total support needs of the individual is one means of preventing the dysfunctioning of older persons. As Collins and Pancoast (1976, p. 24) state: "Formal social welfare services have been developed to compensate for breakdowns in the informal problem-solving processes. There is a danger, however, that the social worker may become absorbed in organizing and maintaining formal services and be blind to the informal positive, helping activities that go on constantly outside the confines of formal

services. Were it not for the informal services of helping networks, social agencies whether they recognize it or not--would be swamped. Besides carrying the bulk of the service load in many sectors. . . helping networks also carry out a widespread prevention program. They offer individualized services that formal agencies could never match." Professional intervention in the informal support system is an appropriate and productive method of enhancing the quality of life of older adults in an economical and efficient manner.

The Elder Program has developed an educational model to strengthen networks among older persons. An educational approach to support system intervention has the advantages of initially being lower in demand of mutual trust and aid, and therefore being somewhat lower in risk to participants while also directly strengthening skills and knowledge for performing support system tasks. However, offsetting those advantages to an educational approach are the myths and stereotypes about older learners which are often accepted by older adults themselves. This is coupled with the frequent lack of much formal classroom education of today's older population. This combination can, then, make educational groups seem somewhat threatening to many older adults. Emphasis, therefore, must be placed on the skills, resources and knowledge which have been developed throughout their lives and can still be utilized to learn and actively seek solutions to their problems and those of their peers.

The Elder Program is the product of combining principles and techniques of primary prevention, informal support system intervention, community organization, outreach and older adult education. Each is described briefly as a background for development of the model.

Three key qualities of primary prevention are: 1) Measures are proactive, seeking to instill in people lifestyles that are less hazardous to their psychological or physical health; 2) primary prevention efforts are oriented to working with groups (or even total populations) rather than individual cases; and 3) the main tools of primary prevention are education and social work instead of medical or psychotherapeutic clinical models. (adapted from Forgays, 1978; 218) Two basic preventive approaches, hence, which influenced the development of a model for strengthening neighborhood support systems where the provision of competency training and the use of techniques centered around the impact of social systems on individuals (adapted from Forgays, 1978; 236).

Competency, in this sense, involves living one's life with the least amount of emotional or physical damage. Competency training seeks to modify behaviors and promote lifestyles that are healthy in place of relatively unhealthy ways of living. In a population of older persons the route to maintaining or acquiring this sort of "life-competency" appears to be associated with self-confidence, self-reliance, self-labelling as able, and keeping a stock of problem solving skills intact (Birren and Renner, 1980; 25). Competency training to promote physical health is focused on an educational approach that concerns itself with unhealthy life-

style characteristics that should be abandoned and healthy lifestyle characteristics that need to be adopted.

Competency training to promote changes in lifestyles is not sufficient. A prerequisite to successful lifestyle modification appears to be the availability of a social group or institution in the target group's environment through which the change in reinforced and maintained. Currently our social environments tend not to provide support for healthy lifestyle change and in fact they are often more supportive of unhealthy ways of living (Muttlin, 1979; 556-61). Thus, the utilization of social systems or networks designed to make positive impact on the target population complements competency training approaches. Using natural community supports among older persons in a geographical locality can capitalize on the strengths of existing relationships to provide a collective experience which gives members a wider range of alternative lifestyle pattern examples, ideas on making and maintaining preventive changes, a source of support for undertaking lifestyle change and greater assistance in carrying out the primary prevention change effort.

The total support system for an individual may be defined as those informal and formal resources which enable an individual to maintain her or his social identity, and to receive emotional support, material aid, services, information and new social contacts (Campbell and Chenoweth, 1980; Cantor, 1979). The support system augments a person's strengths to facilitate mastery of her or his environment (Caplan, 1974).

Cantor (1979) has suggested a systems view of the support structure. The individual older person is at the center of the system. The outer two rings are the formal support system which attempts to function instrumentally and objectively in an efficient and rational manner. Farthest away from the individual are the political and economic entities which determine basic entitlements available to all older persons. Nearer the individual are the agencies that carry out these economic and social policies by providing actual services or benefits. These structures are designed to handle uniform tasks and use technology, resources and formal communication. They provide services dispassionately and impersonally with a minimal influence of idiosyncratic factors. In uncertain situations, these organizations have difficulty responding quickly. Decisions are made more slowly and inflexibly and are made on the basis of policy and precedent.

Moving closer to the individual, the middle ring resembles the informal networks but springs from and is related to formal organizations. It contains representatives of non-service formal or quasi formal organizations capable of performing helping functions, such as mail carriers, storekeepers, hairdressers, building superintendents, visitation groups from churches and the like. The informal support system which includes the middle ring and the one closes to the individual--with kin, friends and neighbors--is the one with which older people have the most frequent contact. These primary groups can handle non-uniform tasks. Decisions can be made more quickly and flexibly in response to the particular circumstances of the situation (Cantor, 1979).

Informal networks serve as bridges between individuals and their environment. They are the counterpart to organized social services and many times carry the largest part of the service load. They are much more capable of responding to individual needs and preferences (Collins and Pancoast, 1976). They also serve in a reciprocal manner providing informal problem-solving assistance. Throughout the literature, the idea of reciprocity is emphasized as a means for the natural caregiver to feel assured that he or she will be able to receive help or support in return, if needed. The concept of reciprocity also provides a means for the receiver of help to feel dignity as a mutual participant in helping exchange, since he or she possesses the capability of returning "favors" at a later time.

Problems may arise for individuals if the needed informal support structure is not available for some reason and the formal system cannot respond to the non-uniform idiosyncratic tasks or needs which arise. When breakdowns in the informal structure do arise, professional intervention in the structure may modify it to make it more responsive. Collins and Pancoast (1976) identified three approaches to intervention in the informal support system. One of these, Artificial Network Development, was utilized in the Elder Program. It is the creation of a network to operate when a natural network is not available or not responsive.

The approach to this program emphasizes that each older adult has both needs and resources. The resources and strengths which older persons have developed throughout their lives are still useful tools in meeting their own needs and those of their peers.

The older adult, then, becomes the focus of the service delivery system as being both the receiver of formal and informal services and as a possible provider of informal support to friends, kin and neighbors.

The main goal of the program is the prevention of dysfunctioning of older participants and their neighbors and friends by developing a concerned group of persons in the neighborhood who have the needed skills and information to help those with coping problems. This model emphasizes shared functions of the formal and informal support system and the need to facilitate older persons to work on their own behalf in developing long-term solutions to problems they face. This approach has the benefit of potentially reaching far more clients with services tailored to their individual needs more quickly and for less money.

Community organization has two main functions: 1) the care and rehabilitation of troubled individuals, and 2) the elimination of social conditions that bring on hardship. These two approaches are complementary and ultimately work toward the same goal--the well being of the individual.

Community organizers use strategies of democratic procedures, voluntary cooperation, self-help, education, and the development of local (group) leadership to accomplish these functions. The major roles of the organizer are those of analyzer, encourager, coordinator and teacher of problem solving skills. Numerous techniques of community organization were incorporated in the Elder Program model as a means of gaining support for and confidence in the program as well as carrying out the program goals of prevention and support system strengthening.

Outreach is the process of seeking out people in the community to adivse them of services or opportunities available to them. It is presumed that people have unmet needs, and therefore they are sought out rather than waiting until they ask for help. Generally, a combination of outreach strategies are utilized in order to recruit program participants. These may include program publicity, direct contact by program leaders, contact through influential persons in the community or through other organizations.

Education is an essential aspect of primary prevention and community organization and thus was selected as an approach to support system intervention for the Elder Program. Education for older adults is a relatively recent development and overcoming myths and stereotypes is the first phase of model development. Older persons can learn, but the main ingredient of learning at any age is motivation. If a person wants to learn, it is possible at any age (Traver, 1975).

Older persons bring a wealth of experiences, skills and strengths to the learning situation. By utilizing appropriate methods of adult education, these can be maximized in order to enhance neighborhood support systems as well as individual participant fulfillment. Andragogy, the art and science of leading adult learning emphasizes that adults have a more autonomous self-concept than children and are, therefore, more responsible for their own learning. They are more self-directed and motivated, and less dependent on others for their learning needs. The adult learner shares in the learning process and a helping, reciprocal relationship should take place in the teaching/learning transaction. The experiences of adult learners are valued as a rich

resource for learning. The learning group becomes a community of learners and teachers through shared communications. The teacher of adults serves as a resource person to help the learners form interest groups and discover their learning needs and learning pace. It is important, too, that learning for adults be "problem centered." Education is usually most effective if it allows learners to identify problems in the present and work on problem solving.

Program Methodology

The Elder Program is a three-year Model Demonstration Project funded by the Administration on Aging through the Gerontology Center and Kent School of Social Work at the University of Louisville. It began in February, 1979 and will continue for three years through January, 1982. The goal of the project is to develop or strengthen neighborhood support systems through an educational program emphasizing information, resources, and skill development. Project staff developed a workbook for program participants which contains material in the skill building areas of: outreach to others, individual helping methods and problem solving, individual case advocacy and legislative advocacy and group maintenance. The workbook also provides information about daily living needs of older persons, including: health, finances, housing, law and use of time. The material is written at an average fifth to seventh grade reading level and is reproduced in large print. Heavy reliance is also placed upon written and drawn illustrations in the workbook. Each participant in the program is provided a copy of the workbook, but encouragement to read it is handled with

sensitivity according to the educational experience and/or visual impairments of participants. The program was implemented with 206 participants in eleven groups. The groups were recruited within six specific neighborhood areas. Characteristics of the neighborhoods are summarized in Table 1 below.

Table 1*

Neighborhood Characteristics

Neighborhoods	Total Population	% 60 and over	% Black	Number of Households Below Poverty	Approximate Size of Neighborhood in Square Blocks
A. (Urban, Black)	20,282	20.8	89.2	2,535	272
B. (Urban, Ethnic)	13,329	25.1	2.7	818	72
C. (Urban, Heterogeneous)	25,319	19.7	2.5	1,023	480
D. (Suburban, Black)	12,053	4.1	42.3	1,466	280
E. (Rural/ Small Town, White)	5,041	14.7	0	15.2% for entire county	456
F. (Rural/ Small Town, Black)	1,713	13.9 (65+)	16.9	13.9% for entire county	

*Based on 1970 Census Data

Six groups were developed in neighborhood A and one each in the other neighborhoods. The composition and characteristics of

each of the groups is summarized in Table 2 below:

Table 2

Neighborhood/ Group	Size of Group	Males	Females	Age Range	Mean Age	Blacks	Whites	Highest Grade Completed	Residence: Community Based	Residence: Senior Citizen Housing	Living Alone	Location of Group Meetings
A - 1	19	0	19	60-78	68	19	0	4-15	19	0	9	Community Center
A - 2	19	2	17	65-94	71.8	19	0	4-16	19	0	8	Community Center
A - 3	18	1	17	58-78	69.3	18	0	3-17	0	18	17	High Rise
A - 4	19	2	17	63-79	70.8	19	0	4-14	0	19	16	High Rise
A - 5	22	1	21	30-82	58.4	22	0	7-16	21	1	6	Church
A - 6	22	1	21	33-86	71.36	20	2	4-16	6	16	18	High Rise
B	15	3	12	61-74	68.76	0	15	5-12	15	0	3	Civic Organization Building
C	19	1	18	61-83	69.2	1	18	8-14	19	0	8	Church
D	23*	8	15	36-81	63.8	23	0	5-12	23	0	2	Nutrition Site
E	19	3	16	59-83	71.94	0	19	8-16	16	3	12	Church
F	11	1	10	60-80	71.6	10	1	1-14	11	0	3	Bank Community Room
Totals	206	23	183	30-94	68.54	151	55	1-17	149	57	102	
Percents	100	11%	89%			73%	27%		72%	28%	50%	

*Incomplete data on several participants who joined the group late.

Project methodology was refined, modified and adapted to meet the needs of each neighborhood group. Neighborhoods were selected to allow for testing of the model with as many varied populations as possible. Final selection of each neighborhood was influenced, in part, by staff members' personal knowledge and/or contact within each area, a practice which would be realistic for an agency service provider. Project staff then collected data about the neighborhood and familiarized themselves with the people and places in it. Newspaper articles, written histories and other information about each neighborhood were obtained. Staff walked or drove through each neighborhood noting local landmarks, service agencies, and first getting a "feel" for the community. Service providers, community leaders (i.e., ministers, presidents of neighborhood organizations, etc.) were contacted and the program was explained to them. Finally, an advisory group was formed in most of the neighborhoods to assist with information gathering and to provide sanction for the development of the program and linkages with older residents of the area.

Once a decision was made to implement the project in a neighborhood a recruiter was selected. This person was hired by the project or through a subcontract with a community agency. Her responsibilities were to contact potential participants and explain the program. After recruiting 15-20 participants, she also assisted with evaluation data collection and general program implementation. Criteria for selection of the recruiter included the following:

- Age 60 or older
- resident of the neighborhood

·Ability to communicate effectively about the program

·Ability to relate positively with peers

·knowledge of the community and community resources.

Criteria for selection of participants included:

·age 60 or older (except in two groups in which some younger participants were recruited)

·ability to attend weekly meetings regularly

·interest in learning about the program.

Eight weekly educational meetings were then held. The content of these meetings was similar to the content of the participant workbook including outreach, helping methods, advocacy, problem solving and group maintenance skills along with information building in the areas of health, finances, housing, law and use of time. Each weekly meeting lasted four hours and included lunch (except one group which met at night for three hours and one group which met twice each week, two hours per meeting). Educational methods used were consistent with andragogical theory. Information was presented by films, guest speakers and staff presentations. Skill building and values clarification were addressed by small and large group discussions, practice exercises, and task assignments between meetings. Each group selected "areas of concern" using a modified nominal group technique. These ranged form concerns about loneliness of older persons to problems with the community sewage disposal system and included areas such as housing, crime, transportation, health and neighborhood cleanup. With use of committee work at each session the groups attempted to work toward solutions to the problems they identified.

From the beginning of each series of eight weekly meetings, project staff discussed termination with participants and pointed out possible alternative directions the group might choose to follow after the planned program ended. These options included continuing to meet as a group and defining their own focus for this, or discontiruing meetings and utilizing their skills and information in other groups and activities.

Project Outcomes

A series of evaluation instruments were designed to assist in program evaluation. These included the following:

1) Information Questionnaire - a 16 item true-false instrument to assess changes in accurate knowledge of facts.
2) Opinion Questionnaire - a 12 item instrument using a 5 point scale from strongly agree to strongly disagree to assess changes in attitudes/opinions about aging and helping activities.
3) Group Cohesion Scale - a 10 item instrument with 4 possible responses to each statement, ranging from always to never. This scale was used to assess participants' feelings of belonging to and acceptance by the group.
4) Group Survey - a 3 question instrument which inventories participants' knowledge of, frequency of contact, and purpose of contacts with others in the group.
5) Participant Profile - a 24 item instrument designed to gather demographic data about group composition and to measure changes in help-giving or help-receiving activities and advocacy behaviors.

(All of the above are administered at the beginning of the educational program and follow the 8 weekly meetings at two and six month intervals).

6) Post Session Reaction Questionnaires- are completed by participants after each meeting to assess general satisfaction with the content of each sessior.

All instruments except the post session reaction questionnaires were administered individually to participants by program staff or recruiters. These were generally done in participants' homes or somewhere other than the meeting site.

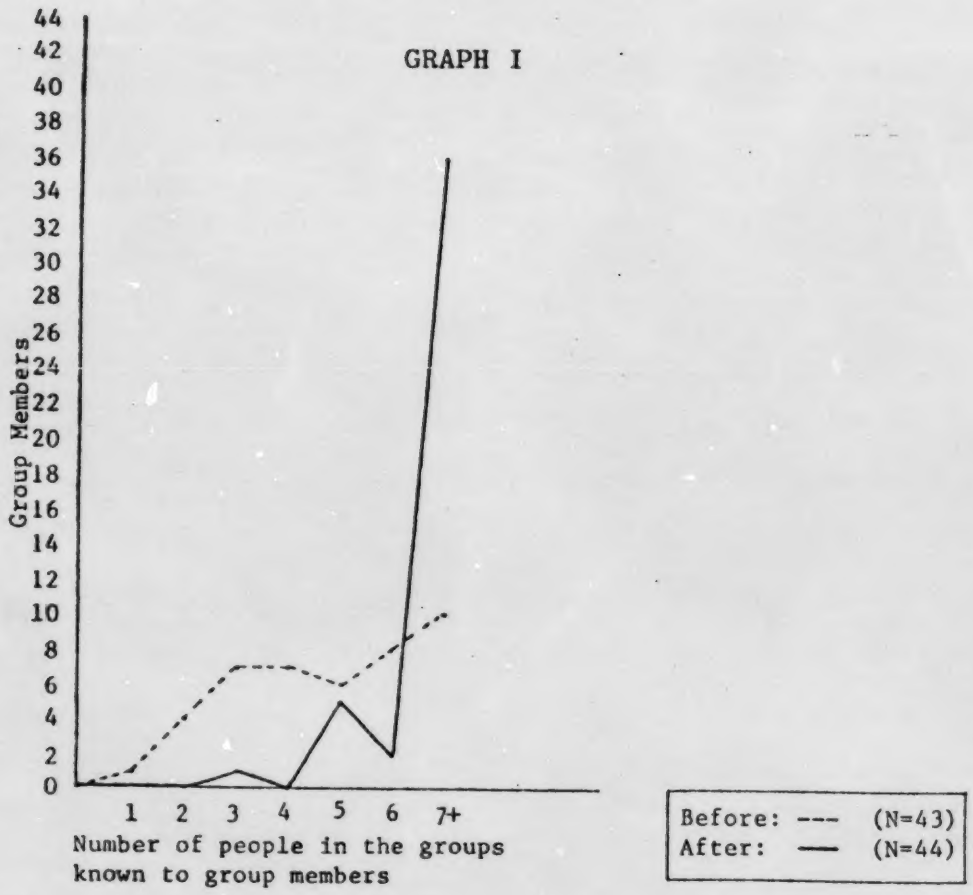
Several problems were encountered with administration of these instruments. As indicated in Table 2 the highest grade completed by participants ranged from 1 to 17 with the mean being 10 years. However, because of the numerous participants with little experience with formal education and the majority who had been away from classroom activities for many years, the evaluation instruments were usually administered orally to reduce the perception of failure or risk to participants. The paraprofessional recruiters were briefly trained in techniques of questionnaire administration but sometimes did not fully understand the significance of these. Additionally, different recruiters worked in each neighborhood resulting in some inconsistencies in data collection. In a few instances participants declined to cooperate with data collection endeavors at the two month or six month follow up, resulting in missing data.

The instruments developed do assess some changes in behaviors, knowledge or attitudes, but do not fully measure program impact. Therefore, process notes of group meetings were taken by staff and analyzed for significant points illustrating project outcomes. Notes were also made of informal contacts with participants in which statements about their behaviors, skills or attitudes were revealed. Finally, the activities of the group following the implementation of the 8 weekly educational sessions were documented as project outcomes.

Analysis of evaluation data is still being completed. However, some preliminary findings are cited below:

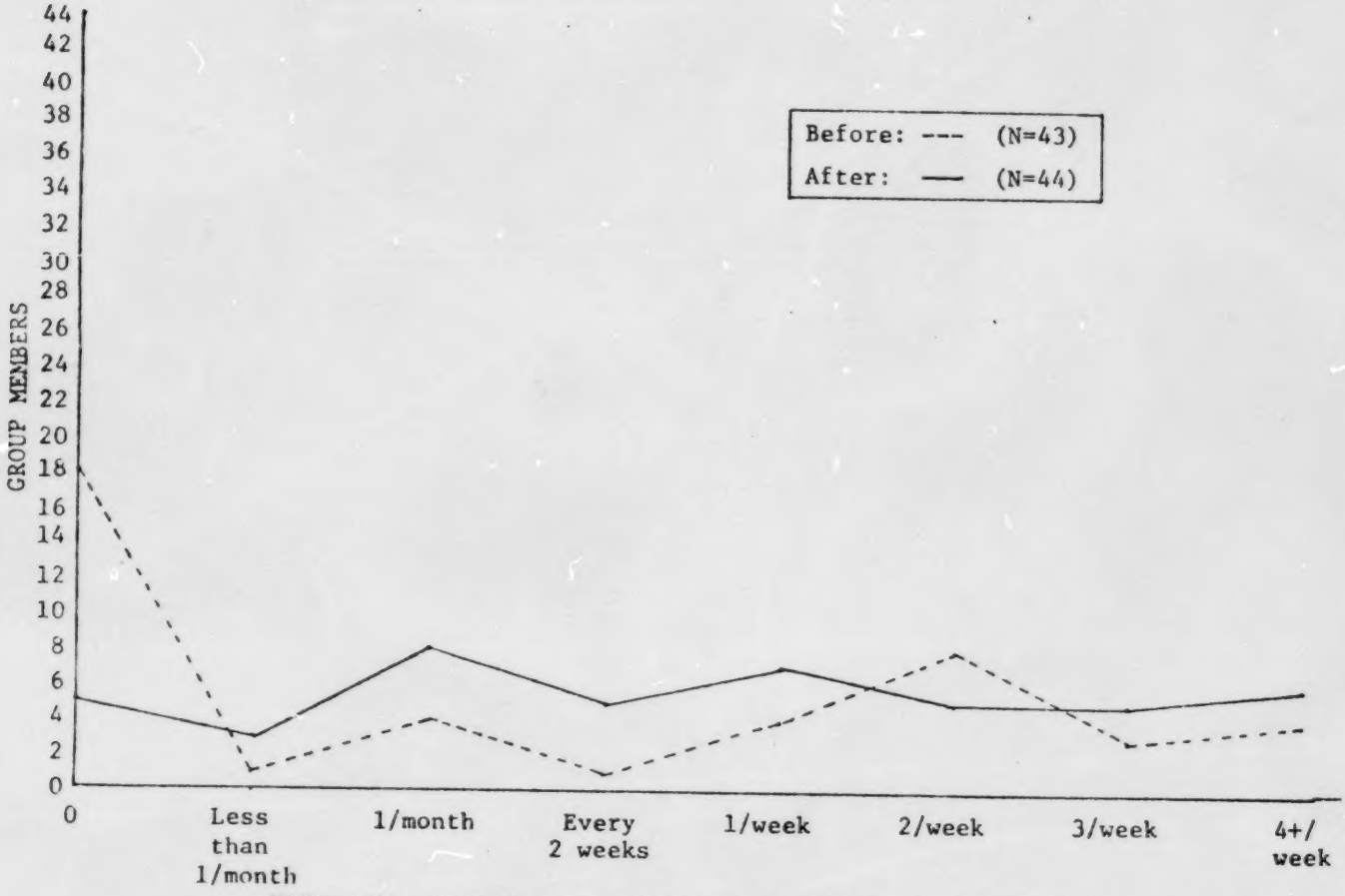
Based on a sample of 44 participants from two groups, there was an increase in the number of group members known by participants. After the first meeting, only 23% of the participants reported that they knew more than 6 members of the group; while following the eight meetings, 82% of the participants said they knew more than 6 people in the group. (N = 43 before, 44 after; one participant joined the group late, resulting in the variation in N's.)

GRAPH I


Group Members
44
42
40
38
36
34
32
30
28
26
24
22
20
18
16
14
12
10
8
6
4
2
0
1 2 3 4 5 6 7+
Number of people in the groups known to group members
Before: --- (N=43)
After: —— (N=44)

The frequency of visits and phone contacts between members also increased markedly during the period between the first meeting and the end of the meetings. As depicted in Graph II, after the first meeting, 18 participants reported that they had no visits or phone contacts with other group members. Following the meetings, only 5 participants indicated they still had no contacts with other group members, a decrease of 72%. Following the meetings, there was a reported increase of 33% of those visiting or phoning others in the group once per month or more often.

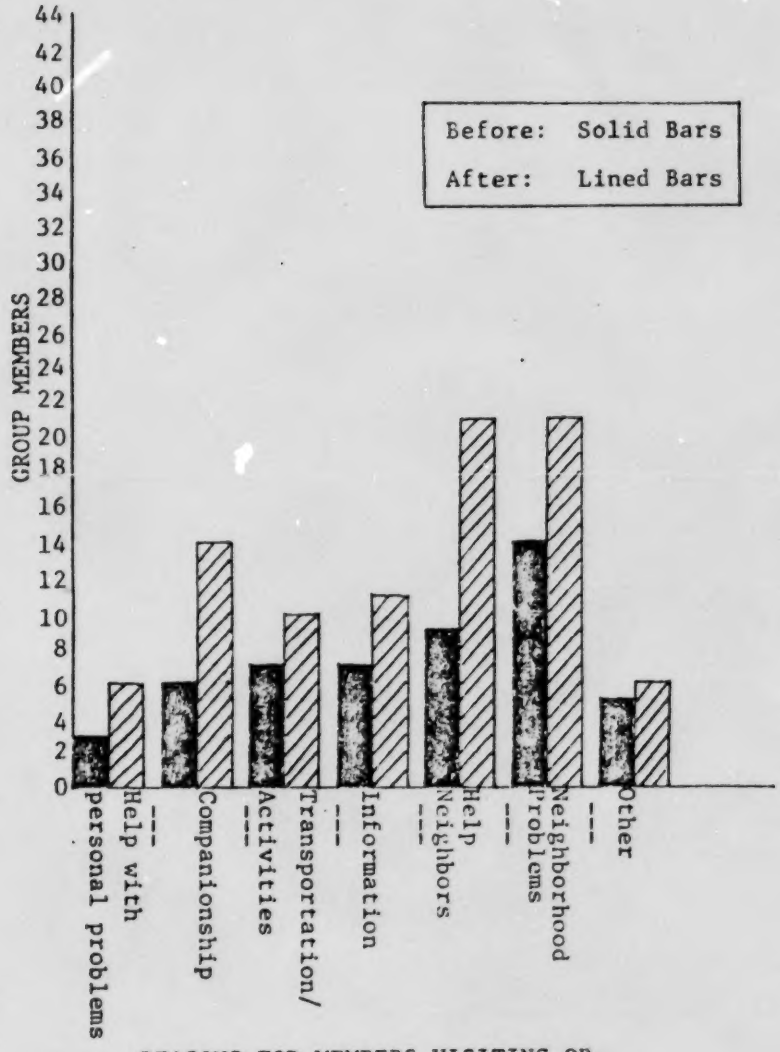
GRAPH II



FREQUENCY OF VISITS OR PHONE CONTACTS WITH GROUP MEMBERS

More significantly, there was an increase in contacts among group members for companionship (57%), to cooperate in providing help for neighbors (57%), and to discuss or work on neighborhood problems (38%). (N = 43 before, 44 after.)

GRAPH III



A group cohesion scale was administered after the first meeting and again prior to the eighth meeting. (See Appendix 2 for copy of instrument.) No significant change was noted from the first to second administration of the instrument on questions indicating negative group cohesion. Almost all responses were "Never" to the questions: I don't feel like I am "part of the group"; I really feel "left out" of the group; I wish I were not part of this group; and

The people in the group really do not interest me. However, there were definite increases in the positive response of "always" to the following questions:

1) I get along very well with the people in the group. (31% increase)

3) The people in the group really understand me. (80% increase)

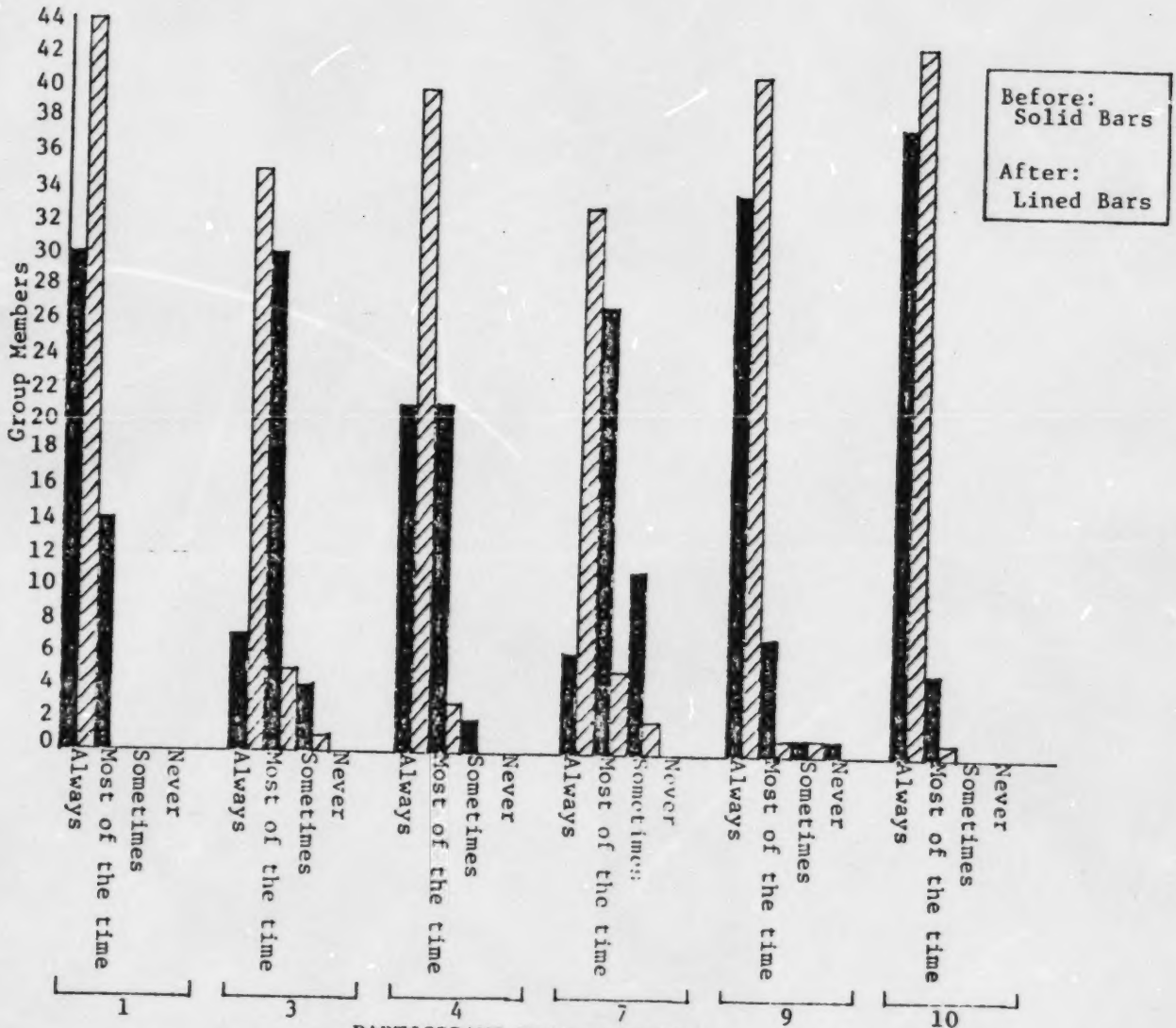
4) The people in the group seem to like me very much. (48% increase)

7) The people in the group think highly of my ideas and opinions. (82% increase)

9) I feel like I am an important member of the group. (17% increase)

10) I would like to continue as a member of this group. (12% increase)

GRAPH IV



PARTICIPANT RESPONSES TO
QUESTIONS INDICATING POSITIVE GROUP COHESION

Further analysis and refinement of data will be undertaken and additional findings will be reported in January.

However, project staff have been able to observe and document additional project outcomes which help to exemplify the impact of the project. An increase in various helping activities between group member was noted in numerous instances. One significant example was that of a 65-year-old black woman who lived alone. She knew only two other members of the group prior to its beginning. During the eight weekly meetings she shared with the group an experience she had had a few years earlier. She was hospitalized for a leg amputation and then returned to her home without anyone to assist her. She was virtually bedfast for several days without food or other care until some neighbor children discovered her and obtained help. Following the eight weekly group meetings this same woman was again hospitalized for cataract surgery. When project staff checked with her following this surgery she reported that several members of the group were checking on her regularly and assisting with meal preparation, housekeeping, shopping and the like.

Participants also became interested in outreach strategies to other older persons in their neighborhood. One group organized a volunteer transportation service available to any older persons living in the area. Those in the group who have cars organized a schedule and publicized phone numbers where they can be contacted. Anyone may call requesting transportation for medical appointments, shopping and so forth. If the person receiving the call cannot make the needed trip, he or she contacts another group member and

arranges the transportation. No fee is charged for this service, but donations are accepted if offered.

Project participants spent time during the eight weekly meetings working on solutions to neighborhood concerns. In several instances, these endeavors were continued beyond the eight meetings. For example, one group whose concern was crime in the neighborhood organized and implemented a "Crime Awareness Day" for older persons in the area. They invited speakers from the Police Department, Rape Awareness Center, Economic Crime Unit and other community agencies to inform area residents of crime prevention techniques. Approximately 75 older persons from the area attended the day long meeting which included a brown bag lunch and social hour.

Many of the participants also reported significant personal benefit from the educational program. Probably the most outstanding example was a 76-year-old white woman who had completed the eighth grade. Following her participation in the Elder Program, she decided to enroll in adult education courses in order to obtain her GED. Because she has a significant hearing loss, she tape records her classes and replays them at home for review. Other participants have similarly reported an increased feeling of confidence which they attribute to participation in the program. They report activities such as writing legislative representatives and speaking out at public meetings which they had not been comfortable with before.

Each of the eleven groups has chosen to continue group involvement in some way. One group has become organized with elected officers, by laws, and regular monthly meetings. Other groups contin-

ue to function in varying ways, ranging from incorporation of learning into existing group involvements to continuation of the Elder Project group with monthly meetings for socialization and/or education.

The participant workbook and accompanying leader's guide are other project outcomes. These will be available for distribution and replication of the program model. Two workshops have been held to inform service providers of program concepts and methodology.

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